

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10571668</div>		FILING DATE	
APPLICANT(S)									
CLAIMS									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL DEP.	←		18	←	←				
TOTAL CLAIMS			20						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
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100									
TOTAL IND.		↓		↓		↓			
TOTAL DEP.	←		←		←				
TOTAL CLAIMS									